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Bib Data Sheet

CONFIRMATION NO. 2907

SERIAL NUMBER 10/617,608	FILING DATE 07/11/2003  RULE	CLASS 180	GROUP ART UNIT 3611	ATTORNEY DOCKET NO. 1062/D67
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *verified all* *mf*

This appln claims benefit of 60/395,299 07/12/2002  
 and is a CIP of 09/325,976 06/04/1999  
 which is a CIP of 08/479,901 06/07/1995 PAT 5,975,225  
 which is a CIP of 08/384,705 02/03/1995 PAT 5,971,091  
 which is a CIP of 08/250,693 05/27/1994 PAT 5,701,965  
 which is a CIP of 08/021,789 02/24/1993 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none* *mf*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/07/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 5	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Matthew J. [Signature]</i> Examiner's Signature	<i>[Signature]</i> Initials		

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 2101  
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TITLE  
 Motion control of a transporter

<p>FILING FEE RECEIVED 1620</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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